



APPLICATION FOR FUNERAL HOME RESTORATION

State Form 45269 (R / 4-03)

Approved by State Board of Accounts, 2003

State Board of Funeral and Cemetery Service

302 W. Washington St., Rm. E034

Indianapolis, IN 46204

Telephone: (317) 232-2980

www.in.gov/pla

* Federal ID number is requested as stated in IC 4-1-8-1; disclosure is mandatory. The number will be given to the Department of Revenue.

Fee		License number	
Name of funeral home			
Address of funeral home (<i>number and street</i>)			
<i>(city, state, ZIP code)</i>			
Telephone number		Federal ID number *	
<i>(check applicable category)</i> <input type="checkbox"/> sole proprietor <input type="checkbox"/> partnership <input type="checkbox"/> corporation		Name of sole proprietor (<i>if applicable</i>)	
Address (<i>number and street, city, state, ZIP code</i>)			
Principal address of residence of sole proprietor (<i>number and street, city, state, ZIP code</i>)			
Names, titles and principal addresses of residence of the partners, directors or other executive officers:			
Name		Name	
Title		Title	
Address (<i>number and street, city, state, ZIP code</i>)		Address (<i>number and street, city, state, ZIP code</i>)	
Name		Name	
Title		Title	
Address (<i>number and street, city, state, ZIP code</i>)		Address (<i>number and street, city, state, ZIP code</i>)	
Name		Name	
Title		Title	
Address (<i>number and street, city, state, ZIP code</i>)		Address (<i>number and street, city, state, ZIP code</i>)	
Name of the manager in charge of the funeral home		License number of funeral director	
Names and license numbers of all funeral directors/embalmers and funeral director interns who will be performing services at or on behalf of the funeral home:			
Name		License number	
Name		License number	
Name		License number	
Name		License number	

(Continued on the reverse side)

Undersigned acknowledges as the applicant, or on behalf of the applicant, that the funeral home may not be operated without having a funeral director either perform or directly supervise each act of funeral service performed for the funeral home.

Undersigned swears to or affirms the truth of the foregoing.

Signature of applicant or applicant's agent

Title of the signed agent if applicant

NOTARY CERTIFICATE (SWORN OATH)

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant

Signature of Notary Public

Printed or typed name of applicant

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public

County of residence

Date commission expires

(If additional space is required, use the area below)